

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>18/1</i>	<i>70391</i>	<i>6/1/80</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>C.Y.C.</i>	<i>JC 530</i>	<i>7-7-80</i>
RESPONSE FORMALITY REVIEW			<i>8-16-80</i>

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
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11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	✓	✓	
16	✓	✓	
17	✓	✓	
18	✓	✓	
19	✓	✓	
20	✓	✓	
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27	✓	✓	
28	✓	✓	
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36	✓	✓	
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45	✓	✓	
46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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**Best Available Copy**